**FORM E – 7**

**SASKATCHEWAN HIGH SCHOOLS ATHLETIC ASSOCIATION**

**Health Certificate and Parents’ Permission Form**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To whom it may concern:

I am satisfied that my son/daughter, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, is in good health to take part in strenuous activities. He/she has my permission to participate in those physical activities and sports conducted by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (school name). I also agree with the need to have my son/daughter examined by a physician following an illness or injury to re-establish the bill of good health, and that this or any other medical examination is my sole responsibility.

**(Please check the category or individual sports below)**

He/she can take part in

|  |  |
| --- | --- |
|  | All Sports |

Or only the following:

|  |  |
| --- | --- |
|  | Badminton |
|  | Basketball |
|  | Cross Country |
|  | Curling |
|  | Football |
|  | Golf |
|  | Soccer |
|  | Track & Field |
|  | Volleyball |
|  | Wrestling |

(For our reference, please complete)

|  |  |  |
| --- | --- | --- |
| Student Name: | Family Physician: | Parent Signature: |
| Grade: | Address: | Name: |
| Age: | Phone: | Address: |
| Birth Date: | Hospitalization No. | Phone: |
| This form is to be returned to the school and kept on permanent record file for future reference. | | M.S.I. or G.M.S. |

**FORM E – 7**

(A parent or guardian must complete this side)

1. Past history (Check if yes, and year if possible):

|  |  |
| --- | --- |
| TONSILLITIS |  |
| PNEUMONIA |  |
| SCARLET FEVER |  |
| EPILEPSY |  |
| HIGH BLOOD PRESSURE |  |
| KIDNEY DISEASE |  |
| RHEUMATISM |  |
| BLEEDING DISORDER |  |
| BRUISE EASILY |  |
| MUMPS |  |
| INFLUENZA |  |
| POLIOMYELITIS |  |
| TUBERCULOSIS |  |
| RECURRENT BOILS |  |
| HERNIA |  |
| TEATNUS – Year Booster |  |
| Other Diseases |  |

2. Previous Surgery: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Previous Injuries (Sprains, strains, fractures, torn muscles, ligament injuries, dislocations). If yes, check below and describe:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  |  |
| --- | --- |
| SKULL: Fracture |  |
| “Knock Outs” / Concussions |  |
| FACE INJURY: Eye |  |
| Ear |  |
| Nose |  |
| SPINE: Neck |  |
| Lower Back |  |
| SHOULDER |  |
| UPPER ARM |  |
| ELBOW |  |
| FOREARM |  |
| WRIST |  |
| HAND |  |
| PELVIS |  |
| HIP |  |
| UPPER LEG |  |
| KNEE |  |
| LOWER LEG |  |
| ANKLE |  |
| FOOT |  |
| CHEST and RIBS |  |
| ABDOMINAL (stomach) |  |

4. Remarks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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